# Transgender Population: Health Promotion and Disease Prevention

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Federal health care agencies consider the health and welfare of transgender persons to be a health priority despite the lack of available science-based knowledge on this population (Institute of Medicine, 2011). This paper examines population health in the transgender population and discusses strategies related to health promotion and disease prevention. A list of terminology commonly mentioned in the field of transgender care is reviewed to facilitate understanding of this topic of interest. Thereafter this paper discusses demographic characteristics of transgender persons, health issues, health promotion practices and strategies, community resources, Healthy People 2020 goals, the impact of the Affordable Care Act on transgender persons and an applicable theoretical framework to plan changes for transgender persons at the community level.

The Center of Excellence for Transgender Health (2013) describes the common terminology used in gender and sexual identity. Transgender is a term used to describe individuals who identify with the opposite sex or gender, and expresses, believes or has ideas that do not conform to their anatomically assigned birth gender. Gender Identity is the sense a person has of being either male or female. Gender dysphoria is defined as the distress or conflict caused by the discordance between anatomic gender and gender identity. Gender non-conformity means the degree to which a person gender identity or expression is different from the cultural norms expected for an individual of a particular sex. Male-to-Female (MTF) describes a

person assigned male at birth but who identifies with the female gender. Female-to-Male (FTM) defines a person assigned female at birth but who identifies with the male gender. Gender expression is the expression of gender through clothing, behavior or preferences. Transition is the term used to define the period of time in which a person begins living as his or her desired gender. Transsexual describes those who seek hormonal treatment for transgenderism but may or may not choose surgical intervention to modify their bodies. Transvestitism describes persons who have an affinity to dress like the opposite sex but do not wish to change their biologic sex. Sexual orientation or sexual preference is the sex to which a person is attracted.

**Demographics**

The transgender population in the U.S is estimated to be 76% white with the remaining 14% divided among Black, Latino, Asian and mixed races (National Center for Transgender Equality, 2015). There is a lack of data to provide an accurate or reliable count on the number of transgender people in the United States (U.S.). Some transgender individuals may also identify as lesbian, gay or bisexual, making population-based estimation even more difficult. Estimations are roughly drawn from a combination of parents reporting transgenderism in children, and the number of adults reportedly seeking hormone therapy or surgical interventions (Zucker & Lawrence, 2009). Transgender persons who have transitioned may not have changed their names, or changed their identified sex on a social security

record, which the Social Security Administration allows only if there is evidence that genital sexual reassignment surgery (SRS) was performed (Harris, 2015). The number of transgender adults requesting treatment continues to rise (Zucker & Lawrence, 2009). A study by Gate (2011) estimates nearly 700,000 or 0.3% of the adult population in the U.S. identify themselves as transgender) United States (US) census data noted they were geographically located area across the US Transgender persons are more likely to be single, never married, divorced, and more educated but with significantly less household income (Institute of Medicine, 2011

**Health Issues**

Transgender people face many challenges due to their gender identity. The National Transgender Discrimination Survey (Grant et al., 2011) based a large study of 6,450 transgender and non-conforming participants provides extensive data on challenges transgender people experience. Discrimination was frequently experienced in accessing health care. Due to transgender status, 19% percent were denied care and 28% postponed care due to harassment and violence in the health care setting (Grant et al., 2011). As many as 41% live in extreme poverty with income of less than $10,000 per year. Health care providers' lack of knowledge on transgender care was evidenced by 50% of respondents recounting that they had to teach their medical provider about transgender care. HIV infection rates were four times (2.64%) the rated of the general population (0.6%). Over 25% misused drugs or alcohol to cope with mistreatment and 41% reported

attempted suicide compared to 1.6% of the general population (Grant et al., 2011). Twenty six percent were physically assaulted and 10% experienced sexual violence. Depression and anxiety were commonly noted as a result of discrimination and social stigma. Access to health care was therefore stated as critical to obtaining mental health services, psychosocial support and managing stressors (McCann, 2015).

**Health promotion Practices**

Successful health promotion practices for transgender persons require a health care environment that is safe, trusting and confidential (Wichinski, 2015). Based on the best science and expert consensus, the World Professional Association for Transgender Health (WPATH) has published guidelines, “Standards of Care (SOC) for the Health of Transsexual, Transgender and Gender Non-Conforming People” (Coleman et al., 2012). The SOC provides guidance on maximizing health, wellness, and personal fulfillment. While treatment should be individualized, areas of focus in transgender care include psychotherapy and counseling, cross-sex hormonal therapy (Male-to-Female or Female-to-Male), sex reassignment surgery and voice and communication therapy. Gender dysphoria must first be diagnosed by licensed mental health professional or a primary care provider experienced in assessing and treating transgender patients (Coleman et al., 2012; Deutsch, 2012). The prerequisite for hormonal therapy requires a detailed medial history, and stable control of any significant mental and medical issues. Surgical reassignment is only

recommended after social adjustment to the new gender is well established and satisfactory (Hembree et al., 2009). Table 1 provides a list of guidelines relevant to transgender health care.

**Community Resources**

Online resources for transgender health include the CDC, the Center of Excellence for Transgender Health, the National Center for Transgender Equality, and the World Professional Association for Transgender Health (WPATH). Resources address research, advocacy, public policy, community education, standards of care, cultural competency, mental health, hormone therapy, surgical interventions, reproductive health, primary care, and preventative care. Table 2 provides a list of website addresses for these resources.

**Healthy people 2020 Goals**

The Healthy People 2020 stated goal is to improve the health and wellness of transgender people. The objective is to increase the number of population-based data collection systems used to monitor transgender people from the baseline of two to a total of four by 2020 (US Department of Health and Human Services, 2012). The data systems would collect relevant data such as mental health, HIV, illicit drug, alcohol and tobacco use, cervical and breast cancer screening, health insurance coverage and access to health care.

**Impact of the Affordable Care Act**

The Affordable Care Act (ACA) is beneficial to the transgender population in addressing health disparities. The ACA offers the ability to purchase health insurance or possibly qualify for Medicaid, or obtain subsidies to purchase health insurance. Insurance coverage is accessible without regard to discrimination or pre-existing conditions (US Department of Health and Human Services, 2015). By providing access to care the ACA increases access to primary care, preventative care, mental health services and community health programs which may not have previously been available.

**Theoretical Framework**

Grounded Theory is applicable to the transgender population because it allows for qualitative observation of their behavior and social practices. The hypothesis of theory is that the process of observing and interacting with research subjects in their natural environment help to identify how they relate to life experiences and how their thought processes drive their actions (Burns & Grove, 2008). Grounded theory facilitates an examination of the relationship between social practices and human behavior (Liehr & LoBiondo-Wood, 2006). This author believes this theoretical perspective can lead to a better understanding of transgender individuals and their environment, and help to address the gaps in research and knowledge about this population.

In conclusion, many research gaps and opportunities remain in transgender population health. This population faces many challenges including discrimination in health care, and economic disparities. The ACA provides opportunity for increased access to care to primary care, mental health and community resources. The Healthy people 2020 goal of increasing population data collection systems on transgender persons can serve as a conduit to generate more evidenced-based research and facilitate comprehensive training of clinicians to manage transgender populations.

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Table 1

*Transgender Care Guidelines*

| **Guidelines** | |
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| Hormone Therapy | Transwoman: Male-to-Female<br><br>- Estrogen: non-oral sublingual, transdermal, injectable preferred; Increases risk of thromboembolic disease<br>- Progesterone – positive effect on libido and nipple areola<br>- Anti-androgens: spironolactone<br><br>Transman: Female-to-Male<br><br>- Androgen testosterone: intramuscular injection, transdermal patch, gel or subcutaneous implant |
| Genital Sexual Reassignment Surgery | Transwomen:<br><br>- Orchiectomy: removal of testes<br>- Vaginoplasty: construction of vagina to enable female sexual function<br>- Penectomy: removal of penis<br>- Breast augmentation: used if estrogen has been insufficient in stimulation breast growth<br>- Thyroid chrondroplasty: decreased prominence of thyroid cartilage<br>- Voice surgery: to raise pitch of voice; option after speech therapy<br><br>Transmen:<br><br>- Bilateral Mastectomy / chest reconstruction<br>- Hysterectomy /oophorectomy: removal of female uterus and ovaries<br>- Phalloplasty: construction of phallus<br>- Vaginectomy: removal of vagina |

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| | - Metoidioplasty: construction of male appearing genitalia<br>- Scrotoplasty: construction of scrotum<br>- Urethroplasty: creation of urethral canal |
| Cancer | Transwomen on past or current hormones:<br><br>- Breast cancer screening with mammogram if over age 50<br>- Prostate: Prostate specific antigen(PSA) lower in anti-androgen setting consider digital rectal exam<br><br>Transmen:<br><br>- Breast cancer: mammogram as in natal female (if there was no chest reconstruction)<br><br>- Cervical cancer: following total hysterectomy- pap smear vaginal cuff, if prior history of high grade cervical dysplasia and/or cervical cancer<br><br>- Oophorectomy, with intact uterus/cervix: continue pap guidelines for natal females<br><br>- Uterine cancer: for spontaneous bleeding in absence of mitigating factors related to hormone therapy or thyroid disorders, consider hysterectomy if fertility is not an issue |
| Cardiovascular disease | Screen and treat cardiovascular risk factor as natal sex if no hormone therapy are used.<br><br>Transwomen on estrogen:<br>- At increased risk for cardiac events;<br>- Blood pressure target: ≤ 130/90 mm Hg; monitor every 1-3 months<br>- Lipids: target LDL ≤ 135 mg/dL for low- to-moderate risk patients: ≤ 96 mg/dL for high-risk patients<br>- Annual fasting glucose test, especially |

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| | with family history of diabetes and/or > 12 pound weight gain<br><br>Transmen on masculizing hormones:<br>- Blood pressure target: ≤ 130/90 mm Hg<br>- Lipids: target LDL ≤ 135 mg/dL for low- to-moderate risk patients: ≤ 96 mg/dL for high-risk patients<br>- Consider screening for polycystic ovarian syndrome if signs or symptoms present |
| Fertility Issues | Cross-sex hormone may decrease fertility and may be permanent after discontinuation<br><br>Transmen are at risk for pregnancy if having unprotected sex with fertile non-transmen |
| Diet and Lifestyle | Transmen:<br>- If difficulty gaining muscle mass: check calorie intake, screen for protein and micronutrient deficits<br><br>Transwomen:<br>- screen for eating disorder such as anorexia if calorie deficits suspected<br>- Encourage regular exercise |
| Mental Health | Screen for depression, anxiety, bipolar disorder, history of trauma |
| Musculoskeletal<br><br>Health | Transwomen (regardless of hormone history):<br>- supplement with calcium and vitamin D to prevent osteoporosis<br><br>Transmen:<br>- no oophorectomy- supplement with calcium and vitamin D<br>- post oophorectomy with past of present testosterone use:<br>o bone mineral density (BMD) test at age 50 - if on testosterone for > 5-10 years<br>o BMD at age 60 if on testosterone < 5 -10 years<br>o consider bisphosphonate, if contraindication to testosterone therapy |
| Sexual Health | HIV /Hepatitis B/C screening; once per lifetime or |

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| | every 6-12 months if there are on-going risk behaviors<br><br>Screen for sexually transmitted infections with on-going risk behaviors |
| Substance abuse | Screen for past and present tobacco, alcohol, and illicit drug use |

*Note:* The transgender care guidelines were adapted from the Standards of Care for the Health of Transsexual, Transgender, and Gender-Non-Conforming People, version 7 (Coleman et al., 2012).

Table 2

*Online Resources for Transgender Issues*

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| Centers for Disease Control and Prevention | http://www.cdc.gov/lgbthealth/transgender.htm |
| Center of Excellence for Transgender Health | http://www.transhealth.ucsf.edu/ |
| National Center for Transgender Equality | http://www.transequality.org/ |
| World Professional Association for Transgender Health (WPATH) | http://www.wpath.org |

*Note:* Other resources may also be found by searching the internet.